U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

WS DRUF	
1. File Number U - 3980	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name George Arhos	Name IBEN Local Union 196
	Labor Organization File Number 037-343
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Bidg B Suite 208
Street 1637 Forrest View Or.	Street PAGE Fig. Timber Rd
City Sycamore	City Elgisa
State Illinois ZIP Code +4 60178	State ZIP Code + 4 60123
5. Position in labor organization.  Membership Development Coordinator	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name J.F. Edwards Co.	Signatory Contractor who employs IBEW Local Union 196 members. Received a
Trade Name, if any:	Local Union 196 members. Received a Christmas Ham during the holidays.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 220 S. Chicago Street	
City Geneseo	\$30.00
State Illinois ZIP Code + 4 61254	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Rane	
Signed	On <u>7-32-05</u> <u>93-7-430-/268</u> Date Telephone Number
	respirate trained